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| Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i> | | Complete if Known | |
| | | Application Number | |
| | | Filing Date | |
| | | First Named Inventor | Earl D. Webb |
| | | Art Unit | |
| | | Examiner Name | |
| Sheet 1 of 2 | Attorney Docket Number | HES 2000-IP-001080U1D3 | |

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| Examiner Initials | Cite No. | Document Number Number-Kind Code | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
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EXAMINER

DATE CONSIDERED

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| Sheet | 2 | of | 2 |

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